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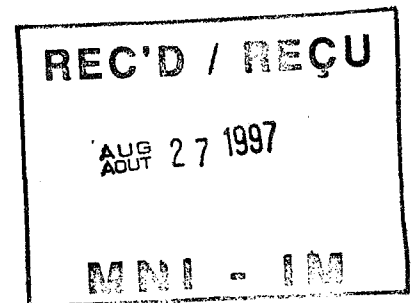
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BASIC HUMAN NEEDS EVALUATION
of the
INDONESIA IODINE DEFICIENCY DISORDERS PROJECT

EVALUATION WORKPLAN



CIDA PROJECT NO.150/0019195

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Abbreviations

ADB	Asia Development Bank
BAPPENAS	National Planning Board
BHN	Basic Human Needs
BPS	Bureau Pusat Statistik
CIDA	Canadian International Development Agency
GOI	Government of Indonesia
ICCIDD	International Council for Control of Iodine Deficiency Disorders
IDD	Iodine Deficiency Disorders
MI	Micronutrient Initiative
MOEC	Ministry of Education and Culture
MOI	Ministry of Industry and Trade
MOH	Ministry of Health
NGO	Non-governmental Organization
ODA	Official Development Assistance
PRD	Performance Review Division (CIDA)
SUSENAS	National Socio-Economic Survey
TGR	Total Goitre Rate
TYG	Tim Yodisasi Garam (Inter-Ministerial Salt Iodization Team)
UNICEF	United Nations Children's Fund
UI	Urinary Iodine
USI	Universal Salt Iodization
VGR	Visible Goitre Rate
WB	World Bank
WHO	World Health Organization

A. EVALUATION APPROACH

1. Introduction

The Performance Review Division (PRD) of CIDA is carrying out a broad corporate review of the Agency's performance in basic human needs (BHN) programming. BHN, in this context, includes projects conducted in six sectors considered to be fundamental to sustainable human development: primary health care, basic education, family planning, nutrition, water and sanitation, and shelter. Globally, 19 field studies are being conducted. The Indonesia Iodine Deficiency Disorders Control project, managed through UNICEF-Jakarta, is one of the projects selected for evaluation. This workplan presents the proposed approach to the evaluation, based on the generic framework to be applied for the review overall.

2. Purpose of the Evaluation

The purpose of this evaluation is to assess the results, effectiveness and efficiency of the IDD/Indonesia project as it is implemented through UNICEF-Jakarta in collaboration with the GOI. The analysis will take into account the achievements, critical issues and lessons learned of the project, specifically as these relate to the production, distribution, use and impact of iodized salt and more generally as they apply to the sustainable elimination of IDD.

3. Output of the Evaluation

The output of the evaluation will be a detailed report presenting the main findings of the data collection and analysis process. The report will follow the agreed Table of Contents proposed for all of the BHN Bilateral field studies as presented in Annex A.

4. Evaluation Team

Dr. Anne Bernard (team leader) a Canadian with 25 years experience in research and development activities in education and learning; institutional and human resources development; evaluation, monitoring and management.

Dr. Alain Lefevre, a Canadian medical doctor with extensive experience in sectors of tropical medicine and epidemiology, public health and health policy in positions of programme management, project development, monitoring and evaluation.

Ms. Susy Soenarjo, an Indonesian recently serving as Health Coordinator with CARE/Indonesia with broad prior experience as public health specialist and nutrition officer in the Dept of Health Promotion and Disease Prevention; field researcher in socio-cultural issues related to health, healthy life-styles and nutrition; and as project evaluator.

Areas of responsibility for each of the team members are outlined in Annex B.

5. Evaluation Issues

The evaluation will reflect the facts both that this project is part of a larger programme of CIDA support to IDD control in 13 Asian countries and managed in partnership with UNICEF and the respective national government; and that both UNICEF and Canada play leadership roles globally in realizing the targets of USI and IDD elimination by the year 2000. Limitations of budget and time, however, will restrict the majority of data collection and analysis to activities and results of the Indonesia project. Consistent with the "Framework of Results and Key Success Factors" (Annex C), but adding an additional element for "External Factors", collection and analysis of data will focus on the following:

5A. Achievement of Results

See "Available Data and Expected Results" (Annex D) for an elaboration of the types of information on *Outputs* and *Outcomes* already available through previous evaluation and monitoring activities; and on data on *Outputs*, *Outcomes* and *Impacts* remaining to be collected through this current evaluation. As a whole, the grid will be used as a data confirmation and collection tool to help guide the overall direction of interviews and document -- in addition to the issues to be pursued under the remaining categories of the Framework.

5B. Development Factors

- ▶ complementarity/compatibility of iodized salt national policy and regulatory systems with overall such systems an potential for synergy and value-added
- ▶ effective interpretation, implementation and monitoring of policy and processes at local levels
- ▶ creation of appropriate/adequate enabling legislation and implementing regulations
- ▶ appropriate targeting of high risk-groups within the country (for iodized salt access and, as appropriate, alternative remedial supplementation)
- ▶ adequate and feasible setting of progress-against goal targets (to enable effective monitoring and adjustments)
- ▶ movement toward self-financing capabilities of iodized salt processors, small and large-scale
- ▶ extent and impacts of cross-sector participation, especially of civil society and private sector actors
- ▶ community and household attitudes towards, access to and use of iodized salt
- ▶ complementarity and continuity with other donor, government and private sector policy and/or programme interventions, especially those related to micronutrients

5C. Management Factors

- ▶ cooperation of small and large-scale salt producers, processors and distributors and their capacity to sustain improved iodization procedures
- ▶ sufficiency and quality of stakeholder coordination and collaboration
- ▶ equity and efficiency of distribution and monitoring systems

- ▶ effectiveness of UNICEF delivery mechanisms and effective use of its resources and available opportunities for collaboration and complementarity
- ▶ sufficient clarity and efficient execution of mandate within and among relevant ministries

5D. External Factors

- ▶ institutional capacity at national and local levels, in private and public sectors
- ▶ collaboration with regional and international progress against IDD and USI goals
- ▶ links between IDD mobilization and capacity development and other BHN initiatives

6. **Methodology**

6.1 **Multi-Criteria Analysis Approach**

The multi-criteria analysis approach outlined in Annex E, in conjunction with the Framework of Results and Key Success Factors developed for Bilateral projects, will guide collection, analysis and presentation of the evaluation data.

6.2 **Types of Data to be Collected**

Both qualitative and quantitative data will be collected, disaggregated where appropriate by gender (this especially with respect to women as the probably chief buyers and "distributors" of salt within the home; and in terms of their personal use of salt during child-bearing periods). *Quantitative data* will include levels, standards and distribution rates of iodized salt produced and used; numbers, locations, types and capacities of salt producers and processors (industry, co-op and individual farmer); locations and accessibility of iodized salt use; extent of involvement by schools, community groups and other agents in mobilizing valuation of, demand for and use of iodized salt; amounts and categories of budgets spent on USI by different stakeholder groups (government ministries and provincial offices, private sector industries, co-operatives, donors - including UNICEF's application of the project budget).

Qualitative data will be used to help explain the above numbers and to gauge the likelihood of sustainability in the supply and demand "systems" which the project is attempting to create. These data will include producer and government (national and local level) assessments of the importance and cost-effectiveness of IDD prevalence and salt iodization; community attitudes toward IDD generally (ie interpretations of/concerns about "the problem") and perceptions of need for and accessibility of iodized salt. Data will also be collected on the nature and effectiveness of the social mobilization and education activities; of the coordination and collaboration within and between the various actors in the system: government, industry, donor, community group, families; and of the creativity and flexibility with which project activities are "adding-value" by 'piggy-backing' on/contributing to other BHN-related initiatives.

6.3 Data Collection Methods

Data will be collected, in Canada and Indonesia, through document and file review and interviews with CIDA, UNICEF, GOI and local stakeholder (industry, farmer, community) groups. Where possible and appropriate, focus-group meetings may be organized as a means of widening the reference base and, especially in the case of communities, reducing respondent stress. Wherever possible, field-site visits will include the Indonesian team member along with one Canadian members, so as to reduce in-country travel costs and, more importantly, help to ensure an accurate and sensitive socio-cultural interpretation of what is seen and heard. Any extensive linguistic interpretation required will be done by an interpreter contacted by the mission.

6.4 Evaluation Matrix

Annex F presents a matrix of evaluation issues and data collection sources. Annex G provides the Results Grid which will be used to display these dimensions of the data.

6.5 Project Sites to be Visited

The mission will include two-three site-visits outside Jakarta. Final selection depending on costs and availability of relevant local contacts at the time of the mission.(cf Site Visit Guide Annex H and draft Schedule of Activities Annex J).

Surabaya and Madura:

- * salt producer and processing firms and salt producer co-operatives
- * communities with high/low access to and/or use of iodized salt
- * communities with strong/limited social mobilization and/or education experience
- * local government offices of the MoH, MoEC, MoIT, BAPPENAS
- * district control labs
- * community health centres
- * Women's Welfare Movement office
- * Salt Association member office
- * UNICEF representative

West Nusa Tenggara - Lombok and Bima (as a high-incident IDD, MM and IMM area)

- * community health centre
- * Women's Welfare Movement
- * local government offices of the MoH, MoEC, MoIT, BAPPENAS
- * UNICEF representative

Bogor/West Java:

- * Nutrition Research and Development Centre
- * communities with strong/limited social mobilization and/or education experience
- * communities with high/low access to and/or use of iodized salt
- * local government offices of the MoH, MoEC, MoIT, BAPPENAS
- * district control labs (as appropriate)
- * community health centres
- * Women's Welfare Movement office
- * Salt Association member office (as appropriate)
- * UNICEF representative

6.6 Interviews to be Undertaken

Interviews will be conducted with policy and/or technical officers of the organizations listed below; others are currently being identified and organized by the team member in Indonesia.

In Canada:

CIDA: Asia Branch, Multilateral Branch

UNICEF-Canada: Development Education and International Offices

Kiwanis International: National IDD Committee

In Indonesia:

Canadian Embassy

Norm MacDonnell, Development Officer
Franciska Indarsini

UNICEF-Jakarta

Stephen Woodhouse, Representative
Ray Yip, IDD specialist
Roger Shrimpton, Nutrition specialist
Sunawang
Virginia Kadarsan

Ministry of Health: Directorate of Community Nutrition

Dr Benny Kodyat, Director
Dr Dini Latief, Chief, Sub-directorate of Nutrition Disorders
Ir Laksmi Palupi
Ir Eman Sumarna

Ministry of Industry and Trade: Drug and Food Control Directorate

JB Agra Kusuma
Sutopo
Ida

Centre for Research and Nutrition Development
Dr H Muhilal, Head

BAPPENAS: Dr Fasli Jalal (Education Section)
Dr Triono Soendoro (Health Section)
Ir Irawati Susali
Ir Dipo Alam

Ministry of Education and Culture: Dept of Basic Education

ADB: Family Health and Nutrition Project

WB: Intensified IDD Control Project

Bureau Pusat Statistik (SUSENAS)

Iodized Salt Producers Associations (national and provincial)
"Smart Salt Campaign" (?)

Salt Production Plants (PT Garam and others)

Teachers Association of Indonesia
Hudaya and staff

CARE-Indonesia
Ann Thomson and staff

7. Schedule of Activities

The following schedule is proposed. Because of the limited lead time, some interviews were undertaken in Canada as part of the Workplanning process.

August 12-29	Interviews and file review in Ottawa-Hull
Sept 4	Arrival of Canadian team members in Jakarta
Sept 5/8-9	Interviews/file reviews by full team in Jakarta
Sept 10-18	Interviews/file reviews by Team Leader in Jakarta; fieldwork Bogor and neighbouring communities
Sept 10-18	Fieldwork by Canadian and Indonesian team members in Surabaya, Madura and NTB
Sept 19	Final interviews and Debriefing in Jakarta
Sept 20-21	Departure of Canadian team members
Sept 22-26	Feed-back/data collection interviews (CIDA)
Oct 15	Submission of draft report
Oct 30	Submission of final report

B. PROJECT STATUS

8. Logical Framework Analysis

The Indonesia IDD project is part of CIDA's 13-country Asia Regional Iodine Deficiency Disorders Project. Only one LFA was prepared for the umbrella project, differentiating the country projects only in terms of budget allocation (Annex I).

Descriptions of each country intervention focus are provided in the annexes of the enabling documentation for the overall project, however. For Indonesia, the significant commitment of the GOI to raising iodized salt production from 60% to 100% is noted, and the particular purposes of CIDA funding in support of this goal are identified as:

- advocacy at all levels of the private salt industry
- training
- monitoring systems and procedures
- establishing district control labs
- social mobilization for demand creation
- an economic study of the salt industry
- test kits

The evaluation will review these specific elements within the context of the overarching LFA expected results:

- | | | |
|----------|------|---|
| Goals - | i) | reduced prevalence of IDD |
| | ii) | achievement of USI |
| Purpose- | i) | increased proportion of households using effectively iodized salt (for Indonesia: to iodize 90% of all consumed salt by end 1996) |
| Outputs- | i) | adoption of IDD/USI control |
| | ii) | regulations/legislation |
| | iii) | installation of properly functioning |
| | iv) | iodization plants |
| | v) | successful distribution of potassium iodate |
| | vi) | increased public understanding of IDD issues and prevention/solutions |

9. Chronology of Events To Date

<u>Dates</u>	<u>Events</u>
1990	Goal of Universal Salt Iodization/USI by 1995 adopted by the 43rd World Health Assembly/WHA
1990	USI and IDD elimination by Yr 2000 targets adopted by UNICEF Executive Board and the World Summit for Children. Canadian contributions to IDD control initiatives begun based on WSC commitment.
1991	CIDA-sponsored international Micronutrient Policy Conference "Ending Hidden Hunger" (Montreal)
1992	Goal to eliminate IDD by 2000 adopted by 45th WHA and the International Conference on Nutrition
1992	GOI announced trebling IDD elimination expenditures
1994	GOI Presidential Decree established a national salt standard setting conditions for salt manufacturing licenses
1994	UNICEF submission of Asia IDD Control Project proposal to CIDA (September)
1994	"Memorandum for the Minister" to approve IDD project signed by CIDA President (December)
1996	Contribution Agreement between CIDA and IDRC for monitoring visits by the Micronutrient Initiative (MI) team to selected country projects of IDD project, including Indonesia (January)
1996	UNICEF-contracted <u>Cargill Technical Services</u> study of the structure of the salt industry (Feb) recommending social marketing to improve consumer knowledge of IS; assistance to manufacturers in improving iodization facilities; and more effective monitoring systems
1996	MI monitoring visit to Indonesia (July)
1997	ICCIDD Consultancy and Status Report (Feb) <u>IDD Elimination Programme in Indonesia</u> contracted by MI at request of GOI during MI monitoring visit (1996) "to provide input to the country's IDD assessment and monitoring programmes... and assist Indonesia's MOH with future planning and targeting programmes..."

10. Delivery Agents and Partnerships Employed

The project is funded at the Asia Regional level through a Contribution Agreement with UNICEF/NY, and managed through UNICEF-Jakarta. UNICEF-Jakarta, in turn, works in close partnership with the GOI, especially the Ministries of Health and Industry and Trade and with the Interministerial Salt Iodization Team (TYG) they have established. The GOI, in its turn, is establishing an increasing range of working relationships with the private sector and small farmer salt producers, with community groups and schools (in conjunction with the Teachers Association) and with media.

A further and potentially critical level of collaboration for the project is with the Regional Network, facilitated largely through the auspices of the ICCIDD which provides opportunities for considerable technical assistance.

Finally, and in conjunction with all of these, the Micronutrient Initiative plays a pivotal role as technical contact-cum-monitor for the project.

All of these linkages are key to the sustainability of the USI and IDD elimination targets Indonesia has set. Their nature, effectiveness and potential future development will be considered in the evaluation.

C. DESK ANALYSIS

11. Impact Assessment Data Available and Required

Data on the progress of IDD elimination and salt iodization production, quality and use are being collected on a regular basis in Indonesia through a variety of national and regional initiatives. *Inter alia*, the National Socio-Economic Survey, the MI and ICCIDD monitoring and technical assistance consultations and the (still somewhat embryonic) IDD/USI monitoring systems are all generating, analyzing and managing increasing amounts of data on the reach of iodized salt coverage, appropriate indicators for effective and efficient monitoring of IDD levels and measurement of IDD incidence.

It is not the intention of the BHN evaluation, given time and resources available, to collect extensive data on the biomedical aspects of IDD elimination and incidence. Rather, the focus will be on bringing these data sets together to provide a comprehensive picture of where and how the IDD control efforts of the GOI, and the CIDA-UNICEF project within that, are going; what more is needed; and what the most appropriate future actions are.

Evaluative information on (i) the range, nature and impacts of the various collaborations on advancing the IDD and USI goals; (ii) the need for further efforts in this area; and (iii) the extent to which the IDD/USI work is being integrated with other BHN activities of UNICEF, the GOI or other donors appears so far to be limited. Some data is provided in UNICEF's annual reports, and somewhat better elaborated in the MI 1996 monitoring. Collection of data on the outputs and impacts of the project in these issues will therefore be a major concern of the evaluation.

12. Models and Methods Developed by the Project

The decision by CIDA to operationalize its commitment to IDD elimination and USI in the Asia region through a bilateral Contribution Agreement with UNICEF is a model of partnership which holds both the potential for considerable and long-term advantage to both agencies in realizing these goals. It also holds some risk in terms of their respective abilities to manage and coordinate an efficient and effective programme; to promote local ownership; and to give adequate recognition/profile to the work of each (especially with respect to their respective funding publics. It also risks creating disruptive administrative demand. The effectiveness and impacts of the CIDA-UNICEF relationship will be considered in the evaluation.

The GOI is developing a number of models and methods of working with the private sector and with communities and local levels of government. These are mechanisms and processes which hold potential for improving coordination and integration in other health and social sectors as well as IDD/USI. These experiences will be assessed in the evaluation.

Innovative methods for increasing the efficiency and accuracy of measuring and monitoring IDD elimination levels and intervention strategies (USI, capsules etc) appear to be being developed. These will be further identified and evaluated.

D. KEY ISSUES

13. Key Issues Identified by Previous Evaluations, Reviews, Audits and Monitoring

From "Elimination of IDD in Southeast Asia: Report of a Regional Consultation 24-26 Feb/97" (co-ordinated by WHO/SEA-RO, Indonesia participated through MOIT and MOH officers associated with the CIDA/UNICEF IDD project:

"Identification of a combination of clinical, biomedical and programme indicators are necessary to track progress towards IDD elimination. There is a need to address...their interpretation and relationship in the current environment of implementation of USI programmes....The three indicators are widely being employed, taking into consideration issues related to acceptability, technical feasibility, cost and performance (sensitivity, specificity and reliability). The process indicator relates to salt iodization. It is expressed as the proportion of the population consuming adequately iodized salt...measured by titrimetric method. The impact indicators include goitre prevalence...and urinary iodine. The population groups covered are school-age children in the age group 6-12 years [also pregnant women and lactating mothers?] examined in the areas using the 'EPI 30 cluster method'. (These three indicators...assess different aspects of IDD status in a community and thus help to track progress towards elimination of IDD...To understand the status of IDD Elimination Programmes, the results of these indicators should be viewed in their totality" (pg35) emphasis added

From "Review of the IDD Elimination Programme in Indonesia" (undertaken by the MI, July 1996):

Monitoring:

"There is need to strengthen internal quality assurance with written procedures and regular sampling and testing and to focus these efforts on large producers. In addition, external quality assurance at provincial level needs to be standardized through guidelines, training and work with the Salt Producers Associations. Clear and consistent procedures should be developed for licensing, certification and revocation. Coverage data should be used to guide IDD interventions and impact assessment. Salt monitoring should be incorporated as part of the SUSENAS core survey. Mobilization of teachers for awareness building should include use of salt testing in community-based monitoring." (Executive Summary,3)

Impact Assessment:

"Prevalence data should be used for impact assessment rather than as a monitoring tool. VGR (Visible Goitre Rate) and/or UI (Urinary Iodine) could be used to strengthen impact assessment. There is need for improved coordination between MOH and MOIT for responses to data collected. SUSENAS data could be used to target interventions" (Executive Summary,4)

Programme Support:

"The key need is to develop a common integrated plan of operations, responsibilities and resources between Health, Industry, BAPPENAS and International Agencies. The programme should be monitored by an intersectoral body preferably based in BAPPENAS. It is also proposed that a high level advocacy event/Future Search Conference be organized to review and endorse such a plan to eliminate IDD by the year 2000 and sustain it thereafter." (Executive Summary,5)

14. Key Issues Identified by Persons Interviewed

Interview with Dr Venkatesh Mannar, Executive Director, Micronutrient Initiative and member of MI monitoring team:

Options should be considered for a changing role for UNICEF. The initial concentration on advocacy to recognize the importance of IDD elimination and of salt iodization as the key sustainable means to that end has been reasonably successful. The next 2-3 years should focus on enabling a sustainable system of reliable iodized salt production and distribution, to ensure a 'standardized recognition' of the product and a dependable product.

Options should be considered for a higher profile for the IDD/USI initiative in Canada: possibilities for closer links with development education activities of Kiwanis' National IDD Committee, for example. IDD is Kiwanis' global service programme focus; \$5mill has been generated in Canada, all directed through UNICEF. This is potentially a good partner for CIDA in raising the Canadian public profile of the issue as part of ODA and BHN.

For sustainable value, consideration should be given to what wider and longer-term role the Inter-ministerial Salt Team might play beyond IDD/iodized salt. As key and powerful actors (Industry, Trade, Health, Education, Bureau of Statistics), could this mechanism be used for enhancing collaboration and integration on a wider range of BHN issues?

Interview with CIDA, Multilateral Branch

Is UNICEF coordinating and consulting as effectively as it could around issues of the IDD project: integrating the IDD work in that of its other programming initiatives, and ensuring complementarity of actions and extension of value through association with other donors (especially WHO and WB)?

From UNICEF's perspective, what does it consider the positives, negatives and possible improved strategies of executing CIDA (or other donor) activities. For example, in terms of reporting requirements, accommodating changing donor priorities and policies, maintaining coherence within UNICEF's own changing mandates (eg deriving from UN reform initiatives and its Convention of the Rights of the Child programming framework)?

Note: No officers from Asia Branch were available for interviews due to the holiday period. It is intended to conduct these as combined data feedback-collection interviews following the mission.

15. Other Evaluation Issues to be Addressed

The Indonesia project is funded as part of a regional programme of IDD elimination activities. This Asia programme has a counterpart in Africa. Though no detailed data will be collected due to the limitations of the BHN evaluation TORs, an attempt will be made to assess the actual, and potential, strengths and weaknesses of this model.

Annex A

PROJECT EVALUATION REPORT

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References

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Annex B

August 12/97

Team Members-Areas of Responsibility

Anne Bernard

Team Leader:

- Coordinates the desk review: assign responsibilities to team members according to areas of responsibilities described in the approved TORs
- Coordinates the preparation of the workplan and the input of other team members
- Prepare and submit workplan
- Act as Team Leader for field work and provide overall direction
- Institutional aspects including inter-agency collaboration, UNICEF's management including reporting issues, monitoring and policy issues
- Coordinate the preparation of the final report and the input of the various team members
- Prepare and submit draft report
- Upon receipt of the comments from CIDA, prepare and submit final report
- Relationship between private sector enterprises and implementing agency (includes fundraising)
- Training plans

Alain Lefevre

- Participate in the desk review as per direction provided by team leader, review files and conduct appropriate interviews
- provide input into workplan preparation
- Field work: covers the following areas- health issues specific to IDD control, general health issues, and community health strategy
- Provide input into final report as per areas of responsibility
- Community level data collection, covering training, public education

Susy Soenarjo

- Participate in the desk review as per direction provided by team leader, review files and conduct appropriate interviews
- Provide input into workplan preparation
- Field work: covers the following areas - community- level data collection, community health, and local capacity building
- Assist in the planning of the schedule for field work, plan and confirm appointments with key representatives of partner agencies. (If necessary make logistical arrangements).
- Organize site visits and methodology (interview protocols, introductions)

FRAMEWORK OF RESULTS AND KEY SUCCESS FACTORS

A. Results

☐ **ACHIEVEMENT OF RESULTS** *What progress is being made toward achievement of results at the output, outcome and impact levels?*

- Actual vs. intended results in the partner country.
- Actual vs. intended benefits to Canada.
- Unintended results.

B. Development Factors

☐ **RELEVANCE** *Does the project make sense in terms of the conditions, needs or problems to which it is intended to respond?*

- Consistency with needs and priorities of targeted beneficiaries/country/region based on a sound understanding of the local context.
- Consistency with CIDA policy, priorities and programs.
- Consistency with Canadian foreign policy, including potential benefits to Canada.
- Consistency with the efforts of local organizations and other donors addressing the same needs or problems.

☐ **APPROPRIATENESS** *Are the project, resources, capacities and selected strategies sensible and sufficient to achieve intended results?*

- Stakeholder satisfaction with and commitment to intended results and methods chosen to achieve them.
- Canada's capacity to provide goods and services required to achieve intended results.
- Resources and services designed and delivered in a manner that effectively responds to conditions (including risks), needs or problems identified.
- Application of lessons from development experience.

☐ **COST-EFFECTIVENESS** *Is the relationship between costs and results reasonable?*

- Comparison of costs with relevant benchmarks, where feasible, taking into consideration results achieved.
- Actual expenditures correspond to planned expenditures or significant variances fully justified.

☐ **SUSTAINABILITY** *Will project benefits continue after completion of project activities?*

- Stakeholders take charge of project activities.
- Commitment of sufficient financial resources to maintain project benefits, where applicable.
- Adequate institutional capacity and on-going relevance to maintain project benefits.
- National and international environment conducive to maintenance of project benefits.

C. Management Factors

☐ **PARTNERSHIP** *Is there shared responsibility and accountability for project results?*

- Active participation of recipients and beneficiaries in project design, implementation and monitoring/evaluation.
- Clear definition, understanding and acceptance of roles and responsibilities of project participants.
- Partners in management have the appropriate authority and tools they need to make decisions and take action.

☐ **INNOVATION AND CREATIVITY** *Does the project explore new ideas and approaches to achieve its results?*

- Experiment with new project design and procedures.
- Calculated risk taking to achieve results.
- New partnerships to achieve results.
- Lessons learned from innovations recorded, reported and disseminated

☐ **APPROPRIATE HUMAN RESOURCE UTILIZATION** *Are suitable human resources involved and used well?*

- Good match between project needs and knowledge, expertise and personal skills of all major project participants.
- Adequate management of project personnel.

☐ **PRUDENCE AND PROBITY** *Is financial information complete, accurate, and reliable? Are financial resources being used economically?*

- Sound financial management policies and procedures, including budgeting, accounting and reporting systems and practices
- Adequate strategies and practices respond to the nature and level of risk to project funds and assets.
- Contracting and contract management in accordance with sound contracting policies and practices.

☐ **INFORMED AND TIMELY ACTION** *Do we anticipate and respond to change based on adequate information?*

- Effective networks and processes to identify and assess important trends and events in the project environment.
- Effective monitoring and reporting systems and appropriate and timely response to opportunities and problems.

Table 1: KEY ISSUES AND INDICATIVE QUESTIONS FOR REVIEW OF BHN

CAPACITY DEVELOPMENT AND SUSTAINABILITY:

The extent to which BHN projects and other activities address capacity development and sustainability. The link between these two concepts is summarised as follows: "The ability and opportunity that individuals, groups, organisations, institutions and governments have in a given context to solve their problems to attain sustainable development".

PARTNERSHIP AND LOCAL PARTICIPATION:

The degree to which those managing the project and beneficiaries are involved in all stages of the project cycle from planning to evaluation. To what extent, for example, do CIDA, the CEA, the local partner and the beneficiaries have the same understanding of the results to be achieved? What approaches and methodologies have worked best in fostering partnership and participation?

GOVERNANCE:

The capacity and willingness of governments to foster equity and distribution. To what extent have governments and indeed CIDA made the link between good governance and basic human needs? To what extent have CIDA projects and other activities fostered policy dialogue on BHN issues with host governments?

CULTURAL DIMENSION:

The need for sensitivity and knowledge of the local environment (social, cultural, and political) for successful BHN intervention. To what extent do cultural factors enable or hinder ownership of knowledge and technology?

PROGRAM COHERENCE:

A consistency between BHN interventions and (1) corporate policies, priorities and programming frameworks, (2) the four levels of intervention and (3) CIDA programming channels. Is there a consistency with needs and priorities of the targeted beneficiaries, country, region? Is there consistency with CIDA policy, priorities, programming framework and BHN activities? Is there a consistency with Canadian foreign policy, including potential benefits to Canada?

INTERNATIONAL HUMANITARIAN ASSISTANCE (IHA):

The links between IHA and other CIDA BHN programming. To what extent is there co-ordination between emergency and other BHN activities? To what extent has BHN of targeted food groups been met by emergency assistance (timely and effective)?

POLICY DIALOGUE

CIDA's influence on multilateral institutions or global fora; To what extent has Canada had influence with respect to BHN in the policies and programmes of international development agencies and in international fora?

Level	Outputs Objectives-Level Immediate Results (1 month to 1 year)	Outcomes Purpose-Level Short-Term Impacts (1 year to 5 years)	Effects Goal-Level Long-Term Impacts (5 years to 25 years)
MACRO			
1. Policy			
2. Laws	<p>LAWS AND PROGRAMS:</p> <p><i>Five Year Plan of the Government elimination of IDD through USI by year 2000</i></p> <p><i>Presidential decree (No 69/1994) license to manufacturer and national salt standards (30-80 ppm iodate)</i></p> <p>Before end of 1996 producers are required to conform to Indonesian National Standards Ministerial decree</p>	<p>Effective iodized salt legislation</p> <p>Master Plan for technical support of salt farmers and large producers, marketing and financial support by Govt and other sources</p> <p>meeting to review legislation, regulation and interaction of prevalence IDD and consumption of iodized salt or oil capsule coverage</p>	<p>Sustainable elimination of IDD (WHO/UNICEF Stat, ICCIDD)</p> <p>Achievement of Universal Salt Iodization (USI) (WHO/UNICEF Stat, ICCIDD)</p>
3. Regulation	<p>→ Requirements for salt iodization with KI03, Quality Assurance and for packaging, transport, storage.</p> <p>→ Authority of the Government responsible for inspection and investigation</p> <p>→ penalties for non compliance</p> <p>→ standards of iodized salt, and KI03 levels</p> <p>→ licensing and registration of manufacturers with viable and operating plants</p> <p>Clarify procedure for issuing or revoking license</p> <p>→ plan of routine quality assurance activities with partnership</p> <p>→ Economic study of salt industry</p> <p>study of salt production iodization (Cargill 1996?)</p> <p>→ Advocacy at all levels of the Government for USI</p>	<p>National Salt Committee coordinated by MOIT with limited integration of other sectoral programs</p> <p>Replacement by National IDD Committee under MOH to advise the Project Director and at the provincial level under Assistant Governor.</p> <p>Plan of operation btw MOH, MOIT, BAPPENAS and agency</p>	
4. National program	<p>→ IEC strategy for public education and social mobilization</p> <p>Public service advertising (Dec-May 97) (through 40 national and regional newspapers and TV shows, IDD stamps</p>		<p>Credit assistance for producers so that they modernize their plant</p> <p>Integrated program between salt farming and fishing</p>

Level	Obj	Inputs/Realisations (1 month to 1 year)	Outcomes/Purpose-Level (M/T) (1 year to 5 years)	Effects/Goal-Level (5 years to 25 years)
MESO				
1. Public Institutions				
• MOIT	1 → Advocacy at all levels of the private salt industry for USI with MOIT representatives and private salt producers that conclude a detailed workplan for 1997 and following years	1 → Achievement of Universal Salt Iodization (USI) (annual production - tons/year - of salt and iodized salt, percent of food grade salt effectively iodized (MOIT, ICCIDD statistics)) 90% en 1996? Objectif chiffré?	→ Transfer of salt monitoring and training costs to the Government or private sector itself	USI: 100% sustainable (verification means?)
• MOH	2 → Installation of iodized plants or facilities at point of production (number of > 5000 tons (moist) and Potassium Iodate (number of kg and CDN\$, % iodate / iodide)	→ Installation of properly functioning iodization plants (Small producers low-quality salt decrease)	→ management of industry data base, Internal quality assurance for large and small producers (73%), External quality assurance (level?)	→ potassium iodate, packaging and handling costs managed and purchased directly by producers (intran sustainability)
• SUSENAS	Clear guidelines for typical hydro milling, draining packaging	→ elimination of leakage of un-iodized salt	Total production capacity 600 000 t, actual iodization in 1996 Susenas only 480 000 t > 30 ppm iodate, un-iodized salt 90 000 t, inadequately iodized 150 000 t.	Out of 1.2 million tons of salt produced /year:
• MOEC	3 → Control Management and traders, strengthening MOH-MOIT data and action through salt association	→ SUSENAS Annual data to district level (consumption and prevalence) report to MOIT and MOH	→ increased Internal quality assurance of iodized salt by routine purchase quality equipment and supplies, inspect equipment and storage area, rapid test kit every hour and titration every four hours monitor salt production and check product, record data (production staff, MOIT Stat, ICCIDD)	% for human and animal consumption? human consumption estimated 570 000 T, and for animal consumption???
2. Private Institutions				
2.1 Large-scale salt producers	Meeting (Oct.96) to identify causes and solutions of leakage un-iodized salt and of inadequate iodization	→ increased External quality assurance by increased proportion of salt sample adequately iodized between upper and lower limits during a period of one month, adequacy of external monitoring process (list of producer to monitor, monitoring plan, district inspection, record data production staff, MOIT Stat, ICCIDD)	→ Increased monitoring indicators (on routine: clear responsibility, guidelines) at the wholesale level: proportion of iodized salt sold that meet government standards, quantity of iodine losses during transport and storage in ware houses, rapid test kit of salt in ware houses for corrective action (MOH, MOIT)	Need resources for Ministry supervision
2.2 Salt Farmer Association	4 → Iodized salt Monitoring System (titration- testing kits) : production level: Internal QA: semi-quantitative titration test kit hourly and titration once every 4-6 hours, report to salt producers association (producers themselves) External QA: (titration only) samples from large producers for licensing by provincial MOIT each month, for small producer, verification of iodine content, brand distribution. MOH registration of brand?? double control??			SUSENAS salt survey each 5 years to more coverage and for advocacy.
2.3 Whole sale and retailers				Review data at the district level and coordination of actions btw MOH and MOIT., (specific actions to be taken).

Level	Outcomes	Inputs (Realisations) (1 month to 1 year)	Outcomes Purpose-Level (BUT) (1 year to 5 years)	Effects (Goal-Level) (5 years to 25 years)
MICRO				
1. Community	1) → IEC strategy for public education IEC: UNICEF strong media communication package, high level advocacy 40 000 IDD leaflets, 15 000 books with maps of salt consumption 2 → Control Management Training for teachers. Training course Oct. 96 module, testing kit into produced for teachers	UNICEF (INCLUDING ACCESS TO): public education media communication package, high level advocacy 10 books with maps of salt consumption monitoring and technical training of teachers and retailers. by MOEC for teachers of 20 provinces, draft the primary school curriculum, 150 000 guidelines Monitoring System: testing kits at retail level by MOH (provincial POM) at schools by teachers (NIOEC) iii) biological impact (goiter prevalence, urinary excretion of iodine, TSH) → SUSENAS Annual data and MOH Base map (1995 data) of salt module in the N 1996 250 000 households surveyed: • 340 000 rapid tests • Increased access from 78% to 85% • Increased consumption from 42% to 58% • high risk vs lower risk → (UNICEF reports, ICCIDD, MOEC, MOH, SUSENAS statistics) → community-based monitoring through schools, classification program → Training: UNICEF; MOH estimating IDD prevalence and capsule program issues. Training needs to integrate district activities and community based monitoring.	→ IDD prevalence decreased → Social mobilization (demand creation and sustainability- willingness of small incremental cost) → increased awareness of IDD amongst consumers through community-based monitoring by teachers (public understanding of difference between iodized and non-iodized salt, use of non iodized salt at home - qualitative assessment by focus groups); ways in which school based testing can provide classification for a community and how to correct the situation develop a information kit according school-based classification of community → percentage of communities with an acceptable proportion of households with adequately access to iodized salt and proportion of households consuming effectively iodized salt through representative household survey (SUSENAS or other institution to be clarified) → Prevalence assessment of IDD for the country: Proposed prevalence assessment completed for all the 304 districts. In areas with clinical goiter rates > 30%, measurement of urinary iodine or use of ultrasounds in school children or to guide a program of capsule distribution and communities monitoring activities. MOH capsule program, external quality assurance at retail level, verification of impact program, promotion campaign (operational research??) Monitoring at the retail level: proportion of iodized salt sold that meet government standards, quantity of iodine losses during transport and while at the retailer, rapid test kit of salt in ware houses (MOH, MOIT) Centres sentinelles in risk areas (criteria?)	→ Sustainable elimination of IDD (WHO/UNICEF Stat, ICCIDD) → Reduction of the prevalence of IDD through: i) decreased percentage of total go clinical or ultrasound assessment, (Goiter prevalence < 5%) ii) proportion of adequate urinary iodine excretion levels ($N > 50 \mu\text{g/g}$, moderate ID btw 25-50 $\mu\text{g/g}$) and iii) adequate TSH serum level ($N < 5-10 \mu\text{U/mL}$) in high risk areas for reproductive aged women 15-45, pregnant women, and children under 15 y and for newborns: iv) Cretinism disappeared (WHO/UNICEF, MOH Stat, ICCIDD)

Annex E

MULTI-CRITERIA ANALYSIS TOOL:

A RANKING SYSTEM FOR KEY SUCCESS FACTORS

CAC International, Montréal

June 6, 1997

GENERAL BHN PERFORMANCE REVIEW METHODOLOGY

To assure a maximum level of comparability among the numerous projects evaluated in the Basic Human Needs performance review, it is essential that the evaluation teams pursue data collection using common methodologies and tools, conduct analysis according to common analytical frameworks, and present information, conclusions, recommendations according to standardised themes and formats. Evaluation findings and conclusions should be comparable regardless of the projects' size, nature, sector of intervention, or delivery/management mechanism.

Comparability across projects evaluated is assured through the use of the following common elements.

1. Use of the *Framework of Results and Key Success Factors*

All evaluations will be conducted using the *Framework of Results and Key Success Factors* as the methodological basis of assessing success and addressing overall review issues. The Framework is designed to generate a consistent body of information which can be aggregated across a number of projects. It consists of three sections:

- ✓ **Results**, a descriptive presentation of the progress towards achievement of objectives and results (both intended and unintended) at the levels of outputs, outcomes and impact;
- ✓ **Development Factors**, an analytical appreciation of the *developmental effectiveness* of the project results, particularly in terms of the differences the project has made in the lives of beneficiaries;
- ✓ **Management Factors**, an analytical appreciation of project delivery and management elements that may explain why the project was successful or not.

The use of the Framework will be conditioned on the nature of the project being evaluated. Use of judgement in adopting the Framework will be a key ingredient in its successful application. The BHN Performance Review therefore adds an additional section, **External Factors**, in order to more adequately address the larger context within which the project was carried out.

2. Presentation of qualitative and quantitative project results

The achievement of results is assessed by comparing actual versus intended results according to indicators defined in project documents at the three levels of the LFA. In those cases where results were poorly or incompletely defined in the project documents, the project evaluation team develops suitable indicators on the basis of principal stakeholder commentary. Unintended results – both positive and negative – are documented on the basis of available information from interviews and document review.

- Project results are presented in common format, a *Results Grid*, according to *level* (macro, meso, micro) and *time horizon* (outputs, outcomes, effects). This descriptive presentation provides a succinct overview of project results, both intended and unintended, in the partner country and in Canada. Evaluative conclusions concerning the *significance* of these results will be addressed in the final report as part of the *overall performance* of the project (see Item 5 below).

- Where adequate information exists, the evaluation team situates results achieved with reference to more global objectives such as CIDA thematic/sector policies, ODA policy and priorities, and/or global BHN objectives.

3. Use of Key Success Factors to explain the *why* and the *how* of the results documented

Comparability of evaluation results requires a high level of prior agreement on the definition and relative importance of a large number of variables, most of which are qualitative in nature. Given the essential role of each Key Success Factor in producing the results documented, it is necessary to measure the relative contribution of each Factor, in terms of its strength and/or weakness. This is accomplished by assessing the project's compliance with the indicators for each Success Factor, a process in three steps.

- The evaluation teams, in consultation with the CIDA staff responsible for the Review, develop and use common definitions and understandings of Key Success Factors and their supporting indicators, as they apply to the portfolio of projects to be evaluated and the thematic interest of the Review. Additional indicators have been added to those already cited in the *Framework*.
- A ranking system is used to determine the degree of achievement of each indicator. The ranking system consists of a series of descriptive statements, representing a range of situations that illustrate the criterion in question. The range of situations extends from the "ideal" to the "worst case" scenario. The statements are drafted in terms that make them applicable across the full portfolio of projects evaluated.

The various evaluation teams will select the statement that best describes their assessment of the project status according to each indicator. The evaluation team's assessment according to each indicator will be supported by a concise presentation of the supporting evidence, argument, or demonstration.

4. Judging the impact of External Factors

Recognising that external factors (beyond project control) do affect the results obtained, a project's performance rating is adjusted to take into consideration external factors affecting results. The achievement of results in the face of constraints is a sign of greater project performance than the achievement of results when blessed with fortuitous opportunities that amplify results. Such a consideration is necessary to make projects with few constraints comparable to those with greater constraints.

When external factors totally impede the achievement of project results, project performance is calculated on the basis of success factors only. When no causal relationship can be identified (through documentation, observation or interview), the evaluation team notes the external factors at play without judging their impact on project results.

- The following examples of external factors have been shown to exert positive and negative influence on project results and are particularly targeted for assessment:

- ✓ compliance with counterpart agreements on the part of the national government (i.e.; funds, staff, project support);
- ✓ significant political, economic, and/or social change;
- ✓ climatic and geographic conditions.

5. Assessment of overall project performance

An assessment of overall project performance is provided in a synthesis of the findings concerning results, development factors, management factors and external factors. The professional judgement of the evaluation team will be brought to bear on this issue, framed in formats common to all the evaluations in the Review portfolio.

- Project results at three levels (outputs, outcomes, effects) are judged according to a four-point scale : *Significant, Notable, Limited, Negligible*. The contribution of outputs to outcomes, and of outcomes to goal-level objectives, is also commented on.
- External factors are rated for their relative impact on project delivery and results achievement according to a four-point scale : *Significant impact, Notable impact, Limited impact, Negligible impact*, with a additional category, *Don't know*, for those situations where the evaluation team cannot reasonably attribute an impact on project results to external factors.
- The performance of each Development and Management Factor is the combined performance of its constituent indicators. The performance rating of each Factor is recorded one axis of a *performance diamond* (similar to the 'development diamond' used by the World Bank), with separate diamonds for Development Factors and Management Factors. The use of this technique will facilitate i) rapid comprehension of the strengths and weaknesses in success factors for each project evaluated, and ii) comparison of strengths and weaknesses among the projects in the BHN Performance Review portfolio.

6. Use of performance ratios

A number of ratios are used to express the relationship between different project elements in such a way as to synthesise information and facilitate comparison from one project to another. While the ratios are not "evaluative" as such, they provide useful quantitative statements to document evaluation findings. Nevertheless, the use of ratios depends on the availability of appropriate data.

- The following ratios are likely to be found in all evaluations in the BHN Performance Review portfolio; others may be added.
 - ✓ *outputs achieved vs. outputs planned, by component;*
 - ✓ *outcomes and effects achieved vs. outcomes and effects planned;*
 - ✓ *project investment (contribution from all sources) vs. results;*
 - ✓ *management costs vs. program costs;*
 - ✓ *expenditures on Canadian personnel vs. local personnel;*
 - ✓ *CIDA funds vs. funds from other sources;*
 - ✓ *external funds vs. local contribution;*
 - ✓ *gender disaggregation of project beneficiaries;*

- ✓ *gender disaggregation of project field teams; management and boards of implementing agencies.*
- Evaluation team members will calculate these ratios and rate them according to a five-point scale : *Very good, Good, Satisfactory, Unsatisfactory, Very Unsatisfactory.*

7. Use of common data collection methods, analytical tools and formats

The evaluations use a number of other common data collection methods, analytical tools and formats. These include :

- ✓ evaluation matrix (Issues and data sources);
- ✓ types of documents consulted;
- ✓ categories of respondents interviewed;
- ✓ thematic interview guides;
- ✓ stakeholder network mapping;
- ✓ Evaluation Report Table of Contents;
- ✓ Executive Summary format.

MULTI-CRITERIA ANALYSIS GRID

RESULTS

1.

Significant Notable Limited Negligible

- Project outputs
- Project outcomes
- Project effects

2.

- _____ Project results are contributing to goal-level objectives
- _____ Project results contribute somewhat to goal-level objectives
- _____ Project results are not contributing to goal-level objectives

3.

- _____ Project outputs are consistent with intended outputs and produce expected outcomes
- _____ Project outputs are somewhat consistent with intended outputs and produce expected outcomes
- _____ Project outputs are somewhat consistent with intended outputs but do not produce expected outcomes

EXTERNAL FACTORS

- _____ Negative impact is significant
- _____ Negative impact is notable
- _____ Negative impact is limited
- _____ Negative impact is negligible
- _____ Don't know

- _____ Positive impact is significant
- _____ Positive impact is notable
- _____ Positive impact is limited
- _____ Positive impact is negligible
- _____ Don't know

DEVELOPMENT FACTORS

□ RELEVANCE

(be assessed from the perspective of the results achieved, and not from the perspective of the project plan)

1. Consistency with needs and priorities of targeted beneficiaries/country/region based on a sound understanding of the local context 40

- Project results are consistent with needs and priorities of targeted beneficiaries; project implementation and results are based on a sound understanding of the local context.
- Results are somewhat consistent with needs / priorities; the understanding of the local context is sound
- Results are somewhat consistent with needs and priorities, but the understanding of the local context is incomplete
- Results are inconsistent with needs and priorities; there is little or no understanding of the local context.

2. Consistency with CIDA policy, priorities and programs 20

- Project results are consistent with policy, priorities and program, and correspond to project's impacts and outputs
- Project results are somewhat consistent with policy, priorities and program, and respond somewhat to project's inputs and outputs
- Project results do not correspond to projects inputs and outputs and are somewhat consistent with policy, priorities and program,
- Do not correspond to input outputs are not consistent with policy, priorities and program

3. Consistency with Canadian foreign policy, including potential benefits to Canada 20

- Results are consistent with Canadian foreign policy, with significant benefits to Canada
- Results are partially consistent with Canadian foreign policy, with some benefits to Canada
- Results not consistent with foreign policy, with some benefits for Canada
- Results are not consistent with foreign policy, with no benefits for Canada

4. Consistency with the efforts of local organisations and other donors addressing the same needs or problems 20

- Project is fully consistent and/or complementary with efforts of other donors.
- Project is somewhat consistent and/or complementary
- Project is not consistent and/or complementary
- Project runs counter to the efforts of local organisations and other donors addressing the same needs or problems

□ APPROPRIATENESS

1. Stakeholder satisfaction with and commitment to results and methods used to achieve them
35

- Fully satisfied with results and methods / showed active support during project implementation
- Somewhat satisfied with results and methods / showed active support during project implementation
- Somewhat satisfied with results and methods / limited commitment during project implementation
- Some dissatisfaction with results and methods / no commitment during project implementation
- Strong dissatisfaction to results and methods / resistance during project implementation

2. Canadian capacity to provide goods and services required to achieve results 15

- Full capacity to provide goods and services, as required, throughout full project cycle
- Satisfactory capacity to provide goods and services, as required, throughout full project cycle
- Limited capacity to provide goods and services, as required, throughout full project cycle
- Some capacity to provide goods and services, demonstrating improvement throughout project cycle
- Consistent and general incapacity to provide goods and services, throughout full project cycle

3. Effective design and delivery of resources and services, responding to conditions, needs, problems
35

- Fully effective design/delivery of resources/services, responding to conditions/needs/problems
- Generally effective design/delivery of resources/services, responding to most conditions/needs/problems
- Somewhat effective design/delivery of resources/services, partially responding to conditions/needs/problems
- Generally ineffective design/delivery of resources/services, responding to few conditions/needs/problems
- Totally ineffective design and delivery of resources and services, poorly responding to conditions/needs/problems

4. Application of lessons learned from development experience 15

- Documented use of relevant lessons learned, applied throughout project cycle
- Timely use of relevant lessons learned to effect positive change in project strategy/management
- Untimely/ineffective use of lessons learned to effect change in project strategy/management
- No use of lessons learned in design and delivery
- Project designed and implemented in contradiction to lessons learned

□ COST EFFECTIVENESS

1. Actual expenditures correspond to planned expenditures or significant variances fully justified

1-A Allocation of costs to project priorities 30

- Project costs are fully in line with project priorities
- ... largely in line ...
- ... partially in line ...
- ... largely inconsistent ...

1-B Allocation of costs to budget line items 15

- Actual expenditures correspond fully to planned/revised expenditures
- Actual expenditures correspond somewhat to planned expenditures, significant differences are fully justified
- Actual expenditures correspond somewhat to planned expenditures, significant differences are not fully justified
- Actual expenditures correspond somewhat to planned expenditures, significant differences are not justified
- Actual expenditures do not correspond to planned expenditures, variances are not justified

1-C Allocation of costs between program and overhead 15

- Administration and overhead are below 20%
- ... 20% to 30%
- ... 30% to 40%
- ... 40% to 50%
- ... over 50%

1-D Relationship between costs and results 40

- Results achieved exceed planned, at lower cost
- Results achieved exceed planned, at cost
- Results and costs correspond to planning estimates
- Results lower than planned, at cost
- Results lower than planned, at higher cost
- No identifiable results at lower cost
- No identifiable results, at planned or higher costs

□ SUSTAINABILITY

1. Stakeholders take charge of project activities (understood to include all levels, i.e., both beneficiaries and implementers; communities, NGOs, government agencies, etc.) 40
 - All stakeholders take the full lead in project activities
 - All stakeholders participate in project activities as agents and/or actors
 - Some stakeholders participate in project activities
 - Disinterest in project activities on the part of important stakeholders
 - Hostility to project activities from influential and/or important stakeholders

2. Commitment of sufficient financial resources to maintain project benefits 15
 - Recurrent costs to maintain benefits are reasonably assured (budget commitment, cost recovery, user contribution, investment renewal)
 - Financial sustainability of project benefits integrated in project design and implementation, with partial success
 - Financial feasibility of maintaining project benefits determined and acted on as part of phase out strategy, with success uncertain
 - Inadequate resource pool, constituted *à l'improviste*, transferred at project close
 - No provision for recurrent and/or maintenance costs; no self-financing plan

3. Adequate institutional capacity and on-going relevance to maintain project benefits (understood to include both beneficiaries and local implementers) 15
 - Project benefits maintained by local institutions who have developed capacity at least in part through project activities
 - Responsibility for maintenance of project benefits assumed by local institutions with credibility but limited capacity
 - Responsibility for maintenance of project benefits assumed by local institutions with little credibility or capacity
 - Capability developed in local staff, but no institutional structure to profit from their experience
 - Project-dependent structures fall at project end; low capability transfer/development with local staff

4. National and international environment conducive to maintenance of project benefits 15
 - National/international environment strongly favourable to the maintenance of project benefits
 - ... somewhat favourable ...
 - ... a neutral factor ...
 - ... somewhat unfavourable ...
 - Dramatic tendencies/events put project benefits at risk

5. Project results develop the capacity of targeted beneficiaries to maintain benefits 15

Fully_____ Somewhat_____ Little_____ Not at all_____

MANAGEMENT FACTORS

□ **PARTNERSHIP** (refers to all vertical and horizontal interactions among project stakeholders)

1. Active participation of recipients and beneficiaries 30

- All recipients and beneficiaries fully participate at all stages of the project
- Most recipients and beneficiaries participate in many / most stages of the project
- Sporadic and uneven participation of some recipients and beneficiaries in some stages of the project

2. Project management structures are coherent with a partnership approach 30

- Management structures *encourage* the development of shared ownership and decision making, trust, and mutual gain
- Shared ownership and decision making, trust, and mutual gain develop *in spite of* management structures
- Management structures *impede* the development of shared ownership and decision making, trust, and mutual gain

3. Major stakeholders share a common understanding of project objectives and purposes 10

- Strong common understanding, renewed periodically throughout the project
- Common understanding is assured at project outset and are unquestioned during project execution
- Some misunderstandings develop during project execution and are resolved
- Some misunderstanding develop during project execution, but are not resolved
- Major differences in understanding throughout the project

4. Clear definition, understanding and acceptance of roles and responsibilities by project participants 10

- Roles and responsibilities are defined and documented, with periodic updating as required, supported by all participants
- Periodic informal dialogue and clarification of roles and responsibilities
- Periodic confusion over roles and responsibilities, with eventual resolution
- Periodic protest over roles and responsibilities, negatively affecting project performance
- On-going conflict over roles and responsibilities, at whatever level, endangers implementation

5. Partners in management have appropriate authority and tools they need to make decisions and take action ("tools" : institutional capacity, human and other resources, and *savoir faire*) 20

- Coherence between authority and tools at all governance levels; management at all levels makes timely decisions and take informed action in favour of basic human needs
- Authority and means are largely coherent, but management is unable to act decisively in favour of basic human needs
- Authority / means mismatch lead to decisions and action that work against basic human needs

□ INNOVATION & CREATIVITY

1. Experiment with new project design and procedures 25

- Experimentation leads to improved performance and institutional learning
- Experimentation leads to institutional learning but does not improve performance
- Experimentation leads to institutional learning but lessens performance
- Experimentation lessens performance and adds nothing to institutional learning
- Experimentation significantly risks project implementation and institutional performance

2. Calculated risk-taking to achieve results 25

- Documented risk analysis informs risk-taking that leads to improved results
- Risks are analysed and avoided with no effect on results achievement
- Fortuitous risk-taking leads to improved results
- Risks are taken which lessen the results achieved
- Risks avoidance decreases results achieved

3. New partnerships to achieve results 25

("New partnerships" is understood to include multilateral collaboration, internal CIDA arrangements, inter-sectoral Canadian collaboration, Canadian-local arrangements, and broad civil society participation, including local private sector)

- Inclusion of new partnerships contributes to improved intended and positive unintended results
- Inclusion of new partnerships contributes to improved intended results
- Inclusion of new partnerships has no apparent effect on intended results but contributes to positive unintended results
- Inclusion of new partnerships has no apparent effect on intended or unintended results

4. Lessons learned from innovation recorded, reported and disseminated 25

- Dissemination of lessons learned contributes diffusion of innovations and replication
- Lessons learned are disseminated without apparent diffusion or replication
- Lessons learned are reported to appropriate levels but they are not disseminated
- Lessons learned are recorded but not reported to appropriate levels for subsequent action
- Lessons learned are not recorded

□ APPROPRIATE HUMAN RESOURCE UTILISATION

1. Good match between project needs and knowledge, expertise and personal skills of all major project participants ("Project participants" include both Canadian and partner country actors, at all levels of project management and implementation) 60

Fully adequate match	Somewhat adequate match	Somewhat inadequate match	Completely inadequate match
-------------------------	----------------------------	---------------------------------	-----------------------------------

Technical skills vs. Technical requirements of project
 Cross cultural experience to address cultural challenges
 Capacity to transfer skills and knowledge in a sustainable way
 Adaptation of the rhythm of project implementation to absorptive
 capacity of target groups and/or institutions

2. Adequate management of project personnel 40

- Written, clear cut and comprehensive definitions of roles, tasks levels of authority and levels of communication regarding personnel management . . . : Exist____ Partially____ No____
- Personnel management procedures are applied on a timely and supportive basis . . . :
 Consistently____ Occasionally____ Rarely____ Not applied____
- Program/project managers respond to needs of their personnel for timely support in the course of project implementation and/or to alleviate fundamental weaknesses in personnel that impede program/project implementation . . . :
 Responsive and timely____
 Responsive but not timely____
 Somewhat responsive and timely____
 Somewhat responsive but not timely____
 Not responsive____

□ PRUDENCE & PROBITY

1. Sound financial management policies and procedures, including budgeting, accounting and reporting systems and practices 40

SYSTEMS / PROCEDURES	APPROPRIATENESS			EFFECTIVENESS		
	Appropriate	Somewhat Appropriate	Inappropriate	Effective	Somewhat Effective	Ineffective
• Accounting						
• Budgeting						
• Reporting						
	JUSTIFICATION			RELEVANCE		
	Justified	Somewhat Justified	Not Justified	Relevant	Somewhat Relevant	Not Relevant
• Budget variances						

2. Adequate strategies and practices respond to the nature and level of risk to project funds and assets 30

- A) ___ There is a clear and written understanding of the level of risk for the project, and of their possible effects on project assets.
 ___ The understanding of risk is not clear, and there is no sound strategy to protect assets.
 ___ There is little or no understanding of risk and there is no sound strategy to protect assets.
- B) ___ All transactions concerning project assets are documented and include appropriate internal control procedures and mechanisms to protect assets.
 ___ Transactions concerning project assets are somewhat documented, but there are incomplete internal control procedures and there is little or no mechanisms to protect assets.
 ___ Transactions are rarely or altogether not documented; there are few or no internal control mechanisms and no mechanisms to protect assets.

3. Contracting and contract management in accordance with sound contracting policies and practices 30

- A) Contract procedures are applied: ___ Rigorously ___ Partially ___ Poorly
- B) Definitions provided in contracts of goods and services required are:
 ___ Well defined ___ Somewhat defined ___ Poorly defined
- C) The relationship between the quality / quantity of goods and services and contract costs are:
 ___ Relevant and cost effective ___ Somewhat relevant and marginally cost effective
 ___ Not relevant and not cost effective
- D) ___ Contracts include clear definition of roles, responsibilities and accountability for quantity/quality delivery, with adequate holdback mechanisms.
 ___ Definitions of roles, responsibilities and accountability are less clearly defined, with weak holdback mechanisms.
 ___ Definitions of roles, responsibilities and accountability are unclear, there are no holdback mechanisms.

□ INFORMED & TIMELY ACTION

1. Effective networks and processes to identify and assess important trends and events in the project environment 40

- Project management has adequate information, in timely fashion, with appropriate capability to assess
- Project management is informed of trends and events, but lacks capability to analyse and assess
- Project is not informed in timely fashion
- Project is isolated from its environment

2. Effective monitoring and reporting systems 30

- Monitoring/reporting system fulfils management and funding agency's information requirements
- Systems are largely adequate for management and funding agency's requirements
- Systems are minimally adequate for local management, but inadequate for CEA and/or CIDA
- Systems are inadequate for management requirements at any level
- Systems mislead management at all levels

3. Appropriate and timely response to opportunities and problems 30

- Project management is highly responsive to opportunities and problems, acting on the basis of sound information
- Project management is attuned to opportunities and problems, but lacks capacity to act
- Project management has the capacity to act, but remains unresponsive to opportunities and problems

Annex F Performance Review Matrix of Issues, Indicators and Data Sources

Data Collection Methods						
Issues	Indicators	Document Review	Interviews in Canada	Interviews in Country	Site Visits in Field	Focus Groups in Field
1. Methodology	-Workplan	x	x	x		
I. RATIONALE						
2. Development Context	-HDI data	x	x	x		
	-BHN data	x	x	x		
	-Gov plans/policies	x	x	x		
	-UNDP annual report	x	x	x		
	-Donor working group minutes	x	x	x		
	-NGO reports	x	x	x		
	-Business association reports	x	x	x		
3. CIDA's Country Policy	-CIDA priorities	x	x	x		
	-Country framework	x	x	x		
	-CIDA policies	x	x	x		
II PROJECT DESCRIPTION						
4. Project Description	-Logical Framework Analysis	x	x	x		
	-Chronology of events	x	x	x		
	-Disbursements	x	x	x		
	-Evaluation, review and monitoring issues	x	x	x		
	-Baseline/benchmark data	x	x	x		
	-Stakeholder network	x	x	x		

Performance Review Matrix of Issues, Indicators and Data Sources

Data Collection Methods						
Issues	Indicators	Document Review	Interviews in Canada	Interviews in Country	Site Visits in Field	Focus Groups in Field
III PROJECT PERFORMANCE						
5. Results Achieved	-Outputs (Objectives-Level) -Outcomes (Purpose-Level) -Effects (Goal-Level) -Actual vs. intended -Unintended results -Benefits to Canada -Perceptions of stakeholders on results	x x x x x x x	x x x x x x x	x x x x x x x	x x x x x x x	x x x x x x x
6. Development Factors						
-Relevance	-Consistency with needs of beneficiaries -Consistency with CIDA policies, etc. -Consistency with Canadian foreign policy -Consistency with efforts of local organizations/ other donors	x x x x	x x x x	x x x x	x x x x	x x x x
-Appropriateness	-Stakeholder satisfaction -Canadian capacity -Effective services -Application of lessons learned	x x x x	x x x x	x x x x	x x x x	x x x x

Performance Review Matrix of Issues, Indicators and Data Sources

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Data Collection Methods						
Issues	Indicators	Document Review	Interviews in Canada	Interviews in Country	Site Visits in Field	Focus Groups in Field
-Cost-effectiveness	-Actual vs planned expenditures	x	x	x		
	-Allocation of costs to budget line items	x	x	x		
	-Programs vs overhead costs	x	x	x		
	-Costs and results	x	x	x		
-Sustainability	-Stakeholders take charge	x	x	x	x	x
	-Sufficient financial resources	x	x	x		
	-Adequate institutional capacity	x	x	x	x	x
	-Conducive environment	x	x	x		
7. Management Factors	-Results develop capacity	x	x	x	x	x
-Partnership	-Active participation	x	x	x	x	x
	-Orientation of structures	x	x	x	x	x
	-Common objectives shared by stakeholders	x	x	x	x	x
	-Roles and responsibilities understood	x	x	x	x	x
- Human Resource Utilization	-Partners have appropriate tools and authority	x	x	x	x	x
	-Good match between project needs and participant skills	x	x	x	x	x
	-Adequate management of project personnel	x	x	x	x	x

Performance Review Matrix of Issues, Indicators and Data Sources

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Data Collection Methods						
Issues	Indicators	Document Review	Interviews in Canada	Interviews in Country	Site Visits in Field	Focus Groups in Field
-Innovation and Creativity	-Experimentation	x	x	x	x	x
	-Risk-taking	x	x	x	x	x
	-New partnerships	x	x	x	x	x
	-Lessons learned from innovation	x	x	x	x	x
-Prudence and Probity	-Sound financial management policies	x	x	x		
	-Adequate risk management strategies	x	x	x		
	-Sound contracting policies and practices	x	x	x		
Informed and Timely Action	-Identification of trends and events in project environment	x	x	x		
	-Effective monitoring and reporting systems	x	x	x	x	
	-Responses to opportunities and problems	x	x	x	x	x
8. External Factors	-Significant change (political, economic, social)	x	x	x		
	-Climatic/geographic conditions	x	x	x		
	-National government policies and action	x	x	x		
	-Other external factors	x	x	x		
9. Overall Project Performance	-Summary analysis	x	x	x	x	x
	-Multi-Criteria Analysis rankings	x	x	x	x	x
	-Performance ratios	x	x	x	x	x
	-Major constraints	x	x	x	x	x
	-Unique models and approaches	x	x	x	x	x

Performance Review Matrix of Issues, Indicators and Data Sources

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Data Collection Methods						
Issues	Indicators	Document Review	Interviews in Canada	Interviews in Country	Site Visits in Field	Focus Groups in Field
IV BHN THEMES AND ISSUES	-Capacity development -Strengthening groups in need -Gender equity -Cultural dimension -Poverty alleviation -Governance, democracy, rights -Mobilization and utilization of resources -Contribution to international targets -Other issues	x x x x x x x x x	x x x x x x x x x	x x x x x x x x x	x x x x x x x x x	x x x x x x x x x
V LESSONS AND RECOMMENDATIONS						
11. Lessons Learned and Recommendations	-For policies -For country programs -For projects	x x x	x x x	x x x	x x x	x x x

Annex G

RESULTS GRID

Level	<u>Outputs</u> Objectives-Level Immediate Results (1 month to 1 year)	<u>Outcomes</u> Purpose-Level Short-Term Impacts (1 year to 5 years)	<u>Effects</u> Goal-Level Long-Term Impacts (5 years to 25 years)
Macro-Level (Policy, laws, regulations, national programs)			
Meso-Level (Institution)			
Micro-Level (-Community -Household -Individual)			

Annex H

Site Visit to Communities

1. Objectives

Community site visits are intended to achieve several purposes:

- a) to gather data on the general level of health and socio-economic development, paying particular attention to evidence of IDD-related health/development problems and taking into account the presence or absence of community "mobilization" activities related to community groups, the school, local government departments, public and/or donor advocacy projects etc.
- b) to gather data on general knowledge, attitudes and practice of community members with respect to BHN issues eg basic health care, education, water and sanitation, community participation.
- c) to gather data on the accessibility of iodized salt e.g. where is it sold? how is it displayed? what is its relative cost? what non-iodized products are available and how are these displayed and priced? what are the sellers and/or marketers attitudes, practices and future plans concerning salt products? what distributors do they deal with and under what terms? what is their awareness of the government's IDD/USI policies and what are their responses to promotional messages?
- d) to gather data on household and individual use of iodized salt e.g. what are peoples' attitudes and knowledge about iodized salt - do they recognize it, give priority to it, trust its quality, know how it relates to health and development? how many families in the community buy it and how regularly? where do they get their information about it? how is the salt stored? who in the family uses it?
- e) to gather data on school-based activities as these relate generally to the involvement of the school and teachers in community development issues and specifically as they relate to iodized salt e.g. inclusion of the issues of IDD and USI in the curriculum; students involvement in salt testing and advocacy with their families; knowledge and attitudes of students, teachers and principals about the relationship between food types, nutrition and general well-being.

On the basis of all of the above, the evaluation will attempt to assess the outputs, outcomes and impact of the project at the community level; what environmental, socio-economic and institutional factors appear to facilitate and/or impede "success"; and what further or different actions are suggested.

B. Methodology

The emphasis of the site visits is on process, rather than impact, data. Within the limitations of the BHN evaluation TORS, selection of communities for these visits cannot be by random or even purposive sampling, and the resulting analysis will not, therefore, allow generalizable comment about the impacts of the project over the whole country.

Rather, the aim is to try to get a 'snap-shot' of what the status of iodized salt seems to be at the community level, and -- from the perspective of the people directly involved with its selection and use -- an idea of the factors influencing this status. Selection will be limited to communities within travelling distance of Jakarta-Bogor and Surabaya-Madura. Within these boundaries, and on the advice of the Indonesian team member, UNICEF, CIDA and relevant ministries, communities will be selected on the basis of some variation in their general development and health status; their experience with social mobilization and education activities; and their perceived access/non-access to iodized salt.

Data will be collected through observation; "expert" interviews with relevant community spokespeople (local government officers, community leaders, teachers, traditional and government-sector health workers, salt sellers); and individual and focus-group conversations with community members, families and students. A special effort will be made to talk with mothers and young women.

For all community site visits, priority will be given to ensuring an evaluation group composed of one of the Canadian and the Indonesian member, a local interlocutor (preferably non-government) and a UNICEF fieldworker associated with the IDD project.

ANNEX I
LFA: UNICEF IDD PROJECT 150/19195

NARRATIVE SUMMARY	EXPECTED RESULTS	MEANS OF VERIFICATION	RISKS																																				
Goal: The sustainable elimination of iodine deficiency disorders (IDD) in 13 countries in Asia.	Reduction of the prevalence of IDD in target countries. Achievement of USI in target countries.	UNICEF/WHO statistics; NGO statistics, i.e. ICCIDD et al; Confirmation of UNICEF/WHO statistics by Canadian resources i.e. IDRC and other international nutrition councils.	That political will is insufficient to ensure the sustainability of USI/IDD control beyond the mid- and end-decade goals; That over-enthusiasm for the mid- and end-decade goals leads to inaccurate reporting. That hard currency not be available within target governments to ensure continued procurement of potassium iodate.																																				
Purpose: The expansion of effective USI and IDD control programs in 13 countries in Asia.	Increased proportion of households using effectively iodized salt.	UNICEF reports; Reports from CIDA-engaged monitor; NGO statistics, i.e. ICCIDD et al.	That motivation of private sector manufacturers to ensure continued iodization of salt is not maintained, either due to lack of political will (enforcement of legislation) and/or due to lack of profitability.																																				
Inputs: Country-specific activities including: Installed iodization plants; Procured potassium iodate; Effective iodized salt legislation; Iodized salt monitoring systems; Trained health, salt sector, information and other personnel; Increased public awareness on IDD issues and prevention/solution;	Adoption of USI/IDD control regulations/legislation Installation of properly functioning iodization plants; Successfully distributed potassium iodate. Increased public understanding of IDD issues and prevention/solution.	UNICEF reports; Reports from CIDA-engaged monitor; CIDA Field Rep. reports based on visual verification.	That political will is insufficient to adopt/enforce USI legislation and support communications strategies to increase public use of and proper storage of iodized salt.																																				
Outputs: CIDA financial support; project monitoring. ICEF execution of project activities; project monitoring/evaluation; project reporting.	CIDA Contribution (\$Kdn) (*amount of Contribution Agreement; ** 6%) <table><tr><td>Bhutan</td><td>40,500</td><td>Maldives</td><td>13,500</td><td>Vietnam</td><td>1,730,000</td></tr><tr><td>Cambodia</td><td>135,000</td><td>Myanmar</td><td>480,000</td><td>Subtotal</td><td>11,845,500</td></tr><tr><td>China</td><td>1,080,000</td><td>Nepal</td><td>500,000</td><td>Overhead**</td><td>670,500</td></tr><tr><td>India</td><td>2,025,000</td><td>Pakistan</td><td>2,000,000</td><td>Subtotal*</td><td>11,845,500</td></tr><tr><td>Indonesia</td><td>1,830,000</td><td>Sri Lanka</td><td>540,000</td><td>Monitor.</td><td>154,500</td></tr><tr><td>Laos</td><td>351,000</td><td>Thailand</td><td>450,000</td><td>TOTAL</td><td>12,000,000</td></tr></table>	Bhutan	40,500	Maldives	13,500	Vietnam	1,730,000	Cambodia	135,000	Myanmar	480,000	Subtotal	11,845,500	China	1,080,000	Nepal	500,000	Overhead**	670,500	India	2,025,000	Pakistan	2,000,000	Subtotal*	11,845,500	Indonesia	1,830,000	Sri Lanka	540,000	Monitor.	154,500	Laos	351,000	Thailand	450,000	TOTAL	12,000,000	CIDA Project Team PTL: Jim Melanson (Director Asia Regional) PRO: Sonya Rabeneck (Nutrition Specialist) FMA: Cindy Beeman (Asia Branch)	
Bhutan	40,500	Maldives	13,500	Vietnam	1,730,000																																		
Cambodia	135,000	Myanmar	480,000	Subtotal	11,845,500																																		
China	1,080,000	Nepal	500,000	Overhead**	670,500																																		
India	2,025,000	Pakistan	2,000,000	Subtotal*	11,845,500																																		
Indonesia	1,830,000	Sri Lanka	540,000	Monitor.	154,500																																		
Laos	351,000	Thailand	450,000	TOTAL	12,000,000																																		

Sheet1

Indonesia Iodine Deficiency Disorders Project Evaluation

Canadian International Development Agency/UNICEF

Schedule of Activities Annex J

Date	Time	Activity	Persons Involved	Place
Friday, 05 Sept.	09.00-12.00	Team Meeting	1. Anne Bernard (AB) 2. Alain Lefevre (AL) 3. Susy Soenarjo (SS)	Hotel
	14.00-16.00	Briefing with UNICEF & CIDA	1. Stephen Woodhouse 2. Roger Shrimpton 3. Ray Yip 4. Sunawang 5. Virginia Kadarsan 6. Ernest 7. Darajat Natanegara 8. Charles Rycroft 9. Henny Bueheim 10. Norm MacDonnel 11. Franciska Indarsiani 12. Anne Bernard (AB) 13. Alain Lefevre (AL) 14. Susy Soenarjo (SS)	UNICEF
Monday, 08 Sept.	09.00-10.30	Meeting w/ dr. Triono Soendoro, PhD. & Ir. Irawati Susalit	1. Anne Bernard (AB) 2. Alain Lefevre (AL) 3. Susy Soenarjo (SS) 4. UNICEF Officer	BAPPENAS
	10.45-12.15	Meeting w/ dr. Fasli Jalal, PhD.	1. Anne Bernard (AB) 2. Alain Lefevre (AL) 3. Susy Soenarjo (SS) 4. UNICEF Officer	BAPPENAS
	14.30 - 16.00	Meeting w/ DR. Dipo Alam	1. Anne Bernard (AB) 2. Alain Lefevre (AL) 3. Susy Soenarjo (SS) 4. UNICEF Officer	BAPPENAS
Tuesday, 09 Sept.	08.30-09.30	Meeting w/ Nutrition Directorate - MOH 1. Drs. Benny Kodyat, MPA. 2. dr. Dini Latief 3. Ir. Laksmi Palupi, MSc. 4. Ir. Eman Sumarna, MSc.	1. Anne Bernard (AB) 2. Alain Lefevre (AL) 3. Susy Soenarjo (SS) 4. UNICEF Officer	MOH
	10.30-12.00	Meeting with Prof. DR. Ir. Hidayat Syarif	1. Anne Bernard (AB) 2. Alain Lefevre (AL) 3. Susy Soenarjo (SS) 4. UNICEF Officer	BAPPENAS
	14.00 - 17.00	Meeting w/ Ministry of Industry and Trade 1. Ir. I.B. Agra Kusuma 2. Ir. F.T. Tanduk, MA. 3. Ir. Sutopo, MPP. 4. Ir. Rr. Diah Juli P. 5. Drs. Pieter Sampe	1. Anne Bernard (AB) 2. Alain Lefevre (AL) 3. Susy Soenarjo (SS) 4. UNICEF Officer	MOIT

Date	Time	Activity	Persons Involved	Place
Wednesday 10 Sept.	TEAM 1 :	Anne Bernard (AB) & UNICEF Officer	1. Anne Bernard (AB) 2. UNICEF Officer	West Java
	07.00-12.00	Travel to Indramayu		Indramayu
	13.00-14.30	Visit salt fields/factories		
	15.00-17.00	1. Drop to local market/warung (kiosk) 2. Talk w/ the communities		
	17.00-	Travel to Bandung		
	TEAM 2 :	Alain Lefevre (AL), Susy Soenarjo (SS) & UNICEF Officer	1. Alain Lefevre (AL) 2. Susy Soenarjo (SS) 3. UNICEF Officer	East Java
	06.00-08.00	Travel to Surabaya		
	09.30-10.30	Meeting w/ Provincial Health Officers 1. Kakanwil Depkes Propinsi East Java 2. Kadikes DATI I Propinsi East Java 3. Other related officers		Prov. MOH Surabaya
Thursday, 11 Sept.	11.00-12.30	Meeting w/ Provincial MOIT		Prov. MOIT Surabaya
	14.30-	1. Visit PT. Susanti Megah in Surabaya 2. Visit small factories in Pasuruan	1. Alain Lefevre (AL) 2. Susy Soenarjo (SS) 3. UNICEF Officer 4. Kanwil/Dikes Officer 5. Prov. MOIT Officer	Surabaya & Pasuruan
	TEAM 1 :	Anne Bernard (AB) & UNICEF Officer	1. Anne Bernard (AB) 2. UNICEF Officer	Bandung
	08.00-10.00	Meeting w/ BAPPEDA I (Prov. Level) & Development Bureau - Office of Governor		BAPPEDA Office
	10.30-12.30	Meeting w/ MOIT Provincial Level		MOIT Office
	14.00-15.00	Meeting with PKK Provincial Level		PKK Office
	15.30-17.00	Checking to Supermarket(s) Talk to communities		
	TEAM 2 :	Alain Lefevre (AL), Susy Soenarjo (SS) & UNICEF Officer	1. Alain Lefevre (AL) 2. Susy Soenarjo (SS) 3. UNICEF Officer	Surabaya
	08.00-09.30	Meeting w/ BAPPEDA I (Prov. Level) & Development Bureau - Office of Governor		BAPPEDA Office
	10.00-11.00	Meeting with PKK Provincial Level		PKK Office
	13.30-16.00	Travel to Madura		
	16.00-17.30	Visit PT. Budiono & PT Garam		PT. Budiono
	18.00-21.00	Travel to Sumenep		

Date	Time	Activity	Persons involved	Place
Friday, 12 Sept.	TEAM 1 :	Anne Bernard (AB) & UNICEF Officer	1. Anne Bernard (AB) 2. UNICEF Officer	Bandung
	09.00-10.00	Meeting w/ Teachers Association (PGRI)		PGRI Office
	10.30-11.30	Meeting w/ Salt Producers/Distributors		
	14.00-17.00	Travel back to Jakarta		
	TEAM 2 :	Alain Lefevre (AL), Susy Soenarjo (SS) & UNICEF Officer	1. Alain Lefevre (AL) 2. Susy Soenarjo (SS) 3. UNICEF Officer	Surabaya
	07.30-09.30	1. Visit PT. Garam in Sumenep 2. Visit salt fields/farmers		PT. Garam
Saturday, 13 Sept.		10.00-12.00	1. Drop to local market 2. Talk to communities 3. Talk to teachers	
		13.00-19.00	Travel back to Surabaya	
	TEAM 1 :	Anne Bernard (AB)		Hotel, Jakarta
		Draft report		
	TEAM 2 :	Alain Lefevre (AL), Susy Soenarjo (SS) & UNICEF Officer	1. Alain Lefevre (AL) 2. Susy Soenarjo (SS) 3. UNICEF Officer	Surabaya
	09.00-11.00	Travel to Mataram		
	14.00-16.00	Meeting w/ PKK		PKK Office, Mataram
Sunday, 14 Sept.	TEAM 1 :	Anne Bernard (AB)		Hotel, Jakarta
		Draft report		
	TEAM 2 :	Alain Lefevre (AL), Susy Soenarjo (SS) & UNICEF Officer	1. Alain Lefevre (AL) 2. Susy Soenarjo (SS) 3. UNICEF Officer	West Lombok, NTB
	09.00-17.00	Travel to Gangga/Bayan & talk to communities		

Sheet1

Date	Time	Activity	Persons Involved	Place
Monday, 15 Sept.	TEAM 1 :	Anne Bernard (AB) & UNICEF Officer	1. Anne Bernard (AB) 2. UNICEF Officer	Bogor
	07.00-09.00	Travel to NRDC Bogor		
	09.15-12.00	Meeting with NRDC officers 1. DR. Muhilal 2. DR. Djumadinas Abunain 3. others		NRDC Office
	13.00-15.00	Travel back to Jakarta		
	16.00-17.00	Meeting with World Bank		WB Office
	TEAM 2 :	Alain Lefevre (AL), Susy Soenarjo (SS) & UNICEF Officer	1. Alain Lefevre (AL) 2. Susy Soenarjo (SS) 3. UNICEF Officer	Mataram, NTB
	08.00-09.00	Meeting with Provincial Health Officers 1. Kakanwil Depkes Propinsi NTB 2. Kadikes DATI I Propinsi NTB 3. Other related officers		Kanwil/Dikes Office
	09.30-10.30	Meeting with Provincial MOIT		MOIT Office
	11.00-12.30	Meeting with Provincial BAPPEDA & Development Bureau - Office of Governor		BAPPEDA Office
	14.00-	Visit salt farmer in East Lombok		East Lombok
Tuesday, 16 Sept.	TEAM 1 :	Anne Bernard (AB) & UNICEF Officer	1. Anne Bernard (AB) 2. UNICEF Officer	Jakarta
	09.00-10.30	Meeting with Teachers Association (PGRI)		PGRI Office
	11.00-12.00	Meeting with Health Education Centers (Pusat PKM) - MOH		PKM Office-MOH
	14.00-15.30	Meeting with DR. Ir Suroso (MENPANGAN/ Ministry of Food)		MENPANGAN Office
	TEAM 2 :	Alain Lefevre (AL), Susy Soenarjo (SS) & UNICEF Officer	1. Alain Lefevre (AL) 2. Susy Soenarjo (SS) 3. UNICEF Officer	Mataram, NTB
	08.00-09.30	Meeting with Teachers Association (PGRI)		PGRI Office
	10.00-17.00	Visit school(s) "Asyik" Magazine		Central Lombok (?)



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Date	Time	Activity	Persons Involved	Place
Wednesday, 17 Sept.	TEAM 1 :	Anne Bernard (AB) & UNICEF Officer	1. Anne Bernard (AB) 2. UNICEF Officer	Jakarta
	09.00-11.00	Visit CARE Indonesia 1. Ann Thomson 2. Iskandar 3. Budi Rahardjo 4. Nugroho Tono 5. Armunanto		CARE Office
	13.00-16.00	Others		
	TEAM 2 :	Alain Lefevre (AL), Susy Soenarjo (SS) & UNICEF Officer	1. Alain Lefevre (AL) 2. Susy Soenarjo (SS) 3. UNICEF Officer	Mataram, NTB
	08.30-10.30	Presentation of visits 1. BAPPEDA Officer(s) 2. Provincial Health Officers 3. Provincial MOIT Officers 4. Teachers Association 5. Salt producers & Distributors 6. PKK 7. Others		BAPPEDA Office
	12.00-	Travel back to Jakarta		
Thursday, 18 Sept.	09.00-finish	Draft report	1. Anne Bernard (AB) 2. Alain Lefevre (AL) 3. Susy Soenarjo (SS)	Hotel
Friday, 19 Sept.	09.00-13.00	Presentation of visits 1. BAPPENAS Officers 2. UNICEF Officers 3. CIDA Officers 4. MOH Officers 5. MOIT Officers 6. Teachers Association (PGRI) 7. Others	1. Anne Bernard (AB) 2. Alain Lefevre (AL) 3. Susy Soenarjo (SS)	UNICEF
Saturday/ <i>Sunday</i> 20 Sept. 21 "		Travel back to Canada		